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**DEVELOPING
LEADERSHIP
IN
SUPERVISION OF
NURSING SERVICES**



May 4 to May 28, 1970



**Continuing Education
Program for Nurses**



**UNIVERSITY
OF
TORONTO**

**DIVISION OF EXTENSION
AND
SCHOOL OF NURSING**

DEVELOPING LEADERSHIP IN SUPERVISION OF NURSING SERVICES

The program is designed for registered nurses, working in hospitals, public health agencies and the occupational health field, who will take responsibility for the work of others.

Enrollment will be limited to 45 nurses with a baccalaureate degree or its equivalent.

An effort will be made to achieve a balance in regard to the number of participants employed in hospitals and community health agencies.

PURPOSE

The goals of this intensive four-week course are to assist the nurse to understand human relations within an organization and to develop skills which will lead to effective supervision.

METHOD

The limited enrollment will make possible small group discussions of lecture and seminar material.

Field trips, films, and tapes will be used, and there will be opportunities for undertaking assignments and independent study.

CONTENT

Course content will be organized around the planning, organizing, directing, staffing functions of administration. It will include such topics as delegation, motivation, leadership functions. performance appraisal as these relate to nursing and other health services.

INSTRUCTORS

Course instructors are members of the faculty of the School of Nursing, University of Toronto: Professors Phyllis Jones, Muriel E. Small, and Betty Sellers.

ACCOMMODATION

Accommodation in a university residence may be available. Further information will be sent to registrants.

LOCATION

University of Toronto,
School of Nursing,
50 St. George Street,
Toronto 5, Ontario.

TIME

May 4 to May 28, 1970, Monday through Friday, 9:00 a.m. to 4:30 p.m.

TUITION FEE

\$200.00

DEVELOPING LEADERSHIP IN
SUPERVISION OF NURSING SERVICES
May 4 to May 28, 1970

Mrs.
Miss

Mr.

SURNAME

FIRST

MIDDLE

Address

STREET AND NUMBER

APT. NO.

CITY AND MAILING ZONE

PROVINCE

Present Position and Clinical Area

Hospital or Agency Name

Address

Home Telephone

Business Telephone

Please enclose tuition fee
in the amount of \$200.00,
payable at par to the
University of Toronto.

Cash

☐

Personal Cheque

☐

Employer Cheque

☐

RECEIPT NO.

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Educational Background

Basic Nursing: Diploma ☐

Degree ☐

Date graduated _____

Post Basic Nursing (Certificate, Degrees) _____

Registration Number _____

Province in which currently registered _____

Date _____

Signature _____

Send to:
CONTINUING EDUCATION PROGRAM
FOR NURSES,
DIVISION OF UNIVERSITY EXTENSION,
UNIVERSITY OF TORONTO,
84 QUEEN'S PARK,
TORONTO, ONTARIO



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